

UTAH PROCUREMENT TECHNICAL ASSISTANCE PROGRAM
CLIENT REGISTRATION FORM
April , 2004 REV

Complete the following form. You will be contacted for any additional information we may need.
Please indicate what services you are interested in.

1. Bid Match (Searching for Government or Commercial Contracts) _____
2. Spec and Standards _____
3. Assistance on completing bid forms. _____
4. Training _____

Call 801-538-8882 if you need assistance on completing this form.
Please complete the information form below providing as much detail as possible.

VITALS

Company Name: _____

POC Name: _____
(First) (MI) (Last)

Position: _____ **E-Mail Address** _____

Work Number: _____ **Fax Number** _____

of Employees: _____ **Business Type:** _____

Manufacturing	Construction
Services	Wholesale
Retail	R&D
Other	_____

ADDRESS

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____

DATES Date Business was Established: _____

PTAC

TIN or Federal ID: _____

Social Security: _____

DUNS Number: _____ CAGE Code: _____

Organization Type: _____ Individual _____ Partnership
 _____ Non-Profit Organization _____ Corporation
 _____ Limited Liability Co. _____ Sub S Corporation

Incorporation State: _____

OWNERS

Owners: _____

President: _____ Vice-President: _____

Secretary: _____ Treasurer: _____

Socio-Economic Category _____ Small Disadvantaged _____ 8A
 _____ Woman Owned _____ Minority

PRODUCT

Product: _____

GEOGRAPHICAL AREA RESTRICTIONS

_____ Nation Wide _____
_____ Western States _____
_____ Intermountain _____
_____ Utah _____

OTHER

CCR Registration _____ YES _____ NO
GSA _____ YES _____ NO

BID MATCHING

_____ CBD
_____ DLA
_____ EDI
_____ Awards
_____ State/Local
_____ Misc Fed Sm \$
_____ Special Notices
_____ Foreign